

Application Data Sheet

Application Information

Application number:: TBA
Filing Date:: April 6, 2006
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: NONE
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: YES
Computer Readable Form (CRF)?:: YES
Number of copies of CRF:: 1
Title:: **DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH MOSAIC SERINE PROTEASE (MSP)**
Attorney Docket Number:: 004974.01108
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan
Family Name:: GOLZ
City of Residence:: Essen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Bückmannsmühle 46
City of mailing address:: Essen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulf
Family Name:: BRÜGGEMEIER
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Leysiefen 20
City of mailing address:: Leichlingen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Family Name:: GEERTS
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckerstr. 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/011015	02 October 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	03023809.1	17 October 2003	Yes

Assignee Information

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: GERMANY

Postal or Zip Code of mailing address:: 51368